PsA. Physicians were screened for experience (3-30yrs) and biologic patient survey was conducted in 5EU (UK, Germany, Spain, France, Italy) to identify the key concerns of patients towards the entry of biosimilars into the market. As the UK is widely recognised as a leading health care market the outputs from this research can be applied to other developed markets.

**METHODS:** A thorough literature review was carried out identifying the current regulatory stance and other national guidance on the introduction of biosimilar monoclonal antibodies. From this a series of value messages were formulated around four themes: the manufacture of biosimilar monoclonal antibodies, extrapolation of clinical data, generic substitution and interchangeability and pharmacovigilance. These value messages were then tested with national payers to constrain prescribing costs due to the ever burdening pressure on health care budgets. The objectives of this research were to explore patients’ attitudes towards the introduction of biosimilars into the UK National Health Service, to identify the key concerns of patients towards the entry of biosimilars into the market. To assess the clinical characteristics of patients with RA receiving their first biologic in SEU.

**OBJECTIVES:** To assess physician assessment of patient eligibility and eventual use of biologics in RA, AS and PsA in EU. **METHODS:** A multi-country physician survey was conducted in SEU (UK, Germany, Spain, France, Italy) in RA, AS and PsA. Physicians were screened for experience (3-30yrs) and biologic patient volume (>2RA biologic patients/week, >5AS biologic patients/month, >5PsA biologic patients/month) and recruited from a large physician-panel to be geographically representative in each country. Practice characteristics, patient- physician perceptions and patient selection were assessed. PsA patients’ target patient population was grouped into 2 categories, based on physician input: Group 1 - patients perceived to be eligible for biologics, Group 2 - patients who agreed with biologics in Group 1. Summary statistics across SEU are reported. **RESULTS:** In the first quarter 2012, 434 physicians (rheumatologists: 97%, internists: 3%) participated in the study. Mean age: 45yrs; female: 35%; exclusively hospital-based practice: 71%; Geographic distribution of physicians was: UK-19%, Germany-19%, Spain-19%, France-22%, Italy-20%. Patient volume per physician was: total-1065, RA-207, AS-80, PsA-88. Average frequency of patient encounters were: RA-11wks, AS-12wks, PsA-11wks. Physician global assessment of patient disease severity was: Group 1: RA/mild: 35%;moderate: 41%;severe: 23%; AS - mild: 37%;moderate: 39%;severe: 24% and PsA-mild: 37%;moderate:39%;severe: 24%. Physician assessment of patient satisfaction with use of biologic monoclonal antibodies was: Group 1: 51%/Group 2: 72%, within RA-severe-patients–Group1: 76%/Group2: 66%; within AS-mild-patients–Group1: 20%/Group2: 11%, within AS-moderate-patients–Group1: 48%/Group2: 37%, within AS-severe-patients–Group1: 77%/Group2: 69%, within PsA-mild-patients–Group1: 22%/Group2: 12%, within PsA-moderate-patients–Group1: 51%/Group2: 37%, within PsA-severe-patients–Group1: 76%/Group2: 66%; Among patients who received biologics, Enbrel, Humira and Remicade were the top-3 prescribed medications across RA/AS/PsA. **CONCLUSIONS:** Across the markets, approximately one-tenth of biologic eligible patients (per physician perception) within corresponding disease severity groups did not end up receiving a biologic, across 5EU. PSA, with the incidence slightly lower within moderate patients. Reasons behind these patterns and the impact on subsequent patient outcomes warrants further scrutiny.

**PMS63**

**VALUE-BASED INSURANCE DESIGN INFORMED BY GOVERNMENT RESEARCH: A CASE STUDY OF OSTEOSPOROSIS FRACTURES**

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**OBJECTIVES:** To use a mixed-treatment meta-analysis and simulation model to estimate fracture reductions and cost savings achievable from switching osteoporosis patients to more efficacious treatments in a large health plan.

**METHODS:** We populated the Bayesian mixed-treatment meta-analysis using studies identified within a recent AHRQ systematic review of anti-osteoporosis agents, considered costs drugs and services for managing osteoporosis. We used 2010 data for the public health care system data from the hospital information system (SIS/SUS) database and for the private health care data from the National Health insurance that has 127 million members. We used the codes for each of these 2 procedures as search base. All values are in 2010 Brazilian reais (US$1.00 = R$ 2.00).

**RESULTS:** A total of 20,116 hip and 6,320 knee arthroplasties were performed in the public system and 20,212 hip and 16,206 knee arthroplasties were performed in the private system. The annual expenditures for the Brazilian health care system generated by these procedures were R$ 834,6 millions. For hip procedures the expenses for the public and private systems were R$ 86,0 millions and R$ 280 millions. For knee procedures the expenses for the public and private systems were R$ 15,3 millions and R$ 228,5 millions.
OBJECTIVES: Organizational Development is characterized by joint pain and mobility impairment associated with the gradual wearing of cartilage. Osteoarthritis poses a substantial and increasing burden on society as a result of impaired health-related quality of life and the socio-economic impact. In Russia, there are no solid estimates of the magnitude of the condition. This study is aimed to assess co-morbidity, quality of life (QOL), work/productivity loss, and medical resource utilization in Russian urban adults with osteoarthritis. METHODS: Patients' self-reported data were collected from 2011 National Health and Wellness Survey (NHWS). Survey samples represented major urban areas in Russia. QOL was measured by the physical component score (PCS) and mental component score (MCS) of the Short Form-12 (SF-12). Loss of work productivity was measured by the Work Productivity and Activity Impairment questionnaire. Medical resource utilization was measured by health care provider, ambulance request and hospitalization in the past 6 months. RESULTS: Of the 10,039 adult respondents, 733 (7.3%) were diagnosed with osteoarthritis (2.2% not diagnosed with osteoarthritis and 88.1% have not experienced arthritis at all). Average age of patients diagnosed with osteoarthritis was 54.1 years. Diagnosed osteoarthritis group reported more co-morbidities (sleep difficulties 51%, high blood pressure 46%, diabetes 44%, insomnia 37%, arthritis 30%, high cholesterol 21%), lower mean scores of PCS (40.4 vs 47.3) and similar MCS (43.3 vs 43.8). More patients visited health care providers (83% vs.70%), and a higher percentage were hospitalized (17% vs. 9%) over the past 6 months compared to those not experiencing arthritis. Furthermore, osteoarthritis group reported 37.6% impairment in daily activity compared to 25.3% of those not experiencing arthritis. All mentioned differences were statistically significant (p<0.05).

CONCLUSIONS: From Russian NHWS results, patients diagnosed with osteoarthritis suffer from impairment in QOL, work/productivity loss and more co-morbidities. Findings indicate there is still an unmet medical need in Russian osteoarthritis patients.

RESULTS: The aim of our study is to assess the utilization of out-patient care pharmacy services related to trauma diseases according to age and gender.

METHODS: The data come from the financial data base of the National Health Insurance Fund Administration (in Hungarian: OEP) involving the year of 2009. The data are from the rulebook on the application of the activity code list in out-patient care. The trauma syndromes were reported according to WHO ICD diagnosis code 500-599. We analyzed the medical procedures according to the Hungarian versions of the WHO "International Classification of Procedures in Medicine". We analyzed the utilization of pharmacy services according to age and gender. RESULTS: Trauma injuries account for 3471657 cases within the annual number of the pharmacy-related activities (3231843 cases) showing an approximately 10.5% prevalence. Increasing with age, the number pharmacy procedures per 10000 population is on the rise with a national mean value of 3836. There is no significant difference between the mean values in both genders (females=3272, males=3349). The highest number of pharmacy treatment is provided for the men patients in the age group 55 to 59 (4525) followed by age groups of 35 to 45 with 4225 and 4272 cases. The oldest women age group show the highest value (7664), followed by age groups of 75 to 85 with 6041 and 6021 cases per 10000. The number of injury-related cases are higher in men until 49 years of age, but over 50 years of age is higher for women. CONCLUSIONS: In case of the traumatic injuries, the highest demand of the outpatient care pharmacy services occurred older injured patients. The claim indicators were significantly higher for men and women over 50 years of age.

RESULTS: The aim of our study is to assess the amount, frequency, and the utilization of physiotherapy services in the different regions of trauma diseases within out-patient care.

METHODS: Data come from the financial data base of the National Health Insurance Fund Administration (in Hungarian: OEP) involving the year of 2009. The OENO activity list was provided by the rulebook on the application of the activity code list in out-patient care. The trauma syndromes were reported according to WHO ICD diagnosis code 500-599. We analyzed the amount and frequency of the physiotherapy services in the different regions of trauma diseases within outpatient care.

RESULTS: The total number of the 151 different types WHO-classified physiotherapy procedures was 3231843 in the year of 2009, and 3471657 (10.5%) of them related to trauma care with the ICD group code 500-599. The amount and frequency of the physiotherapy services are in the 10 different trauma regions are the following: the injuries of the head: 57615 (1.6%), neck: 27683 (0.8%), thorax: 67720 (1.9%), abdomen: lower back, lumbar spine: 73657 (2.1%), shoulder and upper arm: 697896 (20.1%), elbow and forearm: 656357 (18.91%), wrist and hand: 466360 (13.43%), hip and thigh: 353260 (10.18%), knee and lower leg: 794326 (22.88%), ankle and foot: 274103 (7.96%). CONCLUSIONS: The annual number of trauma injuries is the highest, while the head, neck and head injuries is the smallest. Most cases treated in the region of the knee and leg, followed by the region of the upper extremity. In case of capacity planning for diagnostic and therapeutic procedures, these findings should be considered.